

POL-2042

Supervisors of Specialist International Medical Graduates in Australia and Aotearoa New Zealand

1. Purpose and scope

- 1.1. The purpose of this policy is to define the role of the SIMG Supervisor in providing support and assessment of the supervised practice of Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship of the Royal Australasian College of Surgeons (RACS).

2. Definitions

- 2.1. The following definitions and acronyms apply for the purposes of this regulation:

- a. **CSET** shall mean the Committee of Surgical Education and Training.
- b. **DOPS** shall mean Direct observation of procedural skills, a formative assessment tool designed to provide feedback on operating performance by observing an actual surgical procedure in the operating theatre.
- c. **Mini-CEX** shall mean mini-clinical evaluation exercise, a formative assessment tool designed to provide feedback on skills essential to good medical care by observing an actual clinical encounter.
- d. **MSF** shall mean Multisource feedback (or 360-degree evaluation), a questionnaire-based assessment method which rates interpersonal skills, professional behaviours and clinical skills by peers, patients and co-workers.
- e. **SIMG** shall mean Specialist International Medical Graduate
- f. **STC/B** shall mean the Specialty Training Committee or Board of the relevant specialty.
- g. **RACS** shall mean the Royal Australasian College of Surgeons, including Specialty Training Committees or Boards.

3. Governance

- 3.1. Decisions regarding supervised practice are made by the STC/B of the relevant specialty. The STC/B may delegate its decision making authority to an individual or to a sub-committee. When a delegation of authority is exercised the decision of the delegate is a decision of RACS.
- 3.2. SIMG Supervisors report to and are governed by RACS.
- 3.3. RACS will indemnify SIMG supervisors, provided their actions are in line with RACS policies and procedures.

4. Responsibilities of SIMG Supervisors

4.1. SIMG Supervisors are required to:

- a. Understand, apply and communicate RACS regulations, policies and guidelines relevant to the SIMGs supervised practice.
- b. Comply with RACS Code of Conduct.
- c. Ensure there are mechanisms in place for monitoring the safety and quality of the SIMGs practice. The amount of direct observation required will vary with each SIMG but, should be frequent initially and can be reduced provided satisfactory performance and safe practice is confirmed.
- d. Verify the SIMG is practicing in accordance with specifications depicted in the RACS SIMG Post Description Form approved by the relevant STC/B.
- e. Monitor the SIMGs surgical practice in terms of clinical experience and patient outcomes and regularly review their operative logbook.
- f. Conduct regular performance assessment meetings and provide constructive feedback.
- g. Complete assessment reports for each three-monthly term.
- h. SIMG Supervisors are expected to consult with hospital staff to ascertain the SIMGs performance across all RACS competencies.
- i. Undertake DOPS and Mini-CEX assessments as required by RACS.
- j. Deliver feedback obtained using MSF.
- k. Address any problems that are identified.
- l. Notify RACS immediately if the SIMG is not complying with conditions imposed or undertakings accepted by RACS or, is in breach of any requirements expected under supervision.
- m. Notify RACS immediately of the lodgement of any complaints about the SIMGs conduct, whether the complaint is made to RACS, the hospital or a regulator.
- n. Identify, document and advise the SIMG and RACS of any unsatisfactory or marginal performance at the earliest possible opportunity.
- o. Notify RACS immediately of any changes in circumstances that may have an impact on the assessment of an SIMGs supervised practice.
- p. Ensure approval from RACS has been obtained for any proposed changes to supervision arrangements or requirements before they are implemented.
- q. If requested, inform hospital management and operating theatre management about the credentialing status of SIMGs under supervision, and their capacity to open operating theatres without direct supervision.
- r. Inform RACS if they are no longer able or willing to provide supervision.
- s. Ensure the SIMG has completed mandatory eLearning requirements and attended the SIMG Induction Workshop as specified in RACS SIMG regulations.
- t. Notify RACS if taking leave during the period of supervision if longer than 2 weeks.
- u. A SIMG under on-site supervision requires direct observation of their clinical practice on a regular basis and in a range of clinical situations. The SIMG Supervisor must ensure they are accessible by telephone or video link if they are not physically present.

- v. When undertaking remote supervision, the SIMG Supervisor must oversee the SIMGs clinical practice. The SIMG Supervisor must perform direct observation frequently enough to ensure an assessment of competence and safe practice.
 - At a minimum this must occur during every three-month term and must include a Direct Observation of Procedural Skills (DOPS), a Mini Clinical Evaluation (Mini-CEX), completion of a progress report and any other requirements as specified by RACS. At other times the SIMG Supervisor must be available by phone or video link for advice.

5. Eligibility for Appointment as a SIMG Supervisor

- 5.1. SIMG Supervisors should not hold an administrative or management position with the SIMGs employing hospital unless no other arrangement is practicable.
- 5.2. SIMG Supervisors must not report, through a line of management, to the SIMG in that hospital.
- 5.3. SIMG Supervisors should not derive a financial benefit from the practice of the SIMG.
- 5.4. SIMG Supervisors should have held Fellowship of RACS for at least 3 years.
- 5.5. SIMG Supervisors must be compliant with their annual CPD requirement; be fully financial and in Good Standing with the College.
- 5.6. SIMG Supervisors must be Fellows of RACS within the relevant surgical specialty. Variation from this may be permitted in exceptional circumstances.
- 5.7. SIMG Supervisors must declare any conflict of interest. Conflicts of interest can take many forms, including personal and pecuniary conflicts. SIMG Supervisors are advised to seek advice from the Clinical Director, SIMG Assessment & Support at the earliest opportunity if there is concern about the existence of conflicts of interest.
- 5.8. It would be valuable for SIMG Supervisors to have demonstrated experience with appropriate clinical, administrative and teaching skills.
- 5.9. SIMG Supervisors conducting onsite supervision must hold an appointment at the hospital (or within the hospital network) which is hosting the SIMG.
- 5.10. SIMG Supervisors must not be a relative or a domestic partner of the SIMG.

6. Appointment of SIMG Supervisors

- 6.1. A SIMG may nominate Supervisors when submitting the SIMG post description. However final approval will be at the discretion of RACS.
- 6.2. Where the SIMG Supervisors nominated by a SIMG are not approved, the STC/B may nominate appropriate SIMG Supervisors.
- 6.3. The appointment of a SIMG Supervisor may be reviewed at any time during the assessment period, either on the initiative of RACS or at the request of the SIMG.
- 6.4. Recommendations to remove or change a SIMG Supervisor are made by the STC/B or the SIMG Committee where mandatory requirements have not been met.

7. Training and Continuing Education

- 7.1. SIMG Supervisors should have completed the following mandatory training before commencing supervision of an SIMG (but at a minimum within six months of commencement), as specified by RACS, including the following training specified in the Building Respect & Improving Safety Action Plan:
- a. The Foundation Skills for Surgical Educators (FSSE) course or approved comparable training (training in adult education principles) and;
 - b. either the Operating with Respect eModule (retired late 2023) or Introduction to Operating with Respect
 - c. c. advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment (Operating with Respect).
 - d. Any other training specified by the STC/B or RACS.
- 7.2. SIMG Supervisors must complete the SIMG Supervisor Induction Program within six months of appointment

8. Payment and Reimbursement

- 8.1. SIMG Supervisors are entitled to claim the Professional Services fee as approved by Council for each three-monthly term they have assessed an SIMG. These claims must be submitted in the same calendar year that the supervision was performed.
- 8.2. Other expenses incurred by SIMG Supervisors undertaking remote supervision are reimbursed in accordance with RACS Travel and Accommodation regulations.

9. RACS Recognition of Contribution to RACS Activities

- 9.1. SIMG Supervisors will have the opportunity to gain Continuing Professional Development (CPD) points for participation in the mandatory trainings listed in 7.1 and may have the opportunity to claim some CPD points for their supervision activities.

10. Associated Documents

- 10.1. **Regulations:**
- a. Assessing a Specialist International Medical Graduate's Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist
 - b. Aotearoa New Zealand Vocationally Registered Doctors Applying for Fellowship
 - c. Supervised Practice of Specialist International Medical Graduates in Australia and Aotearoa New Zealand
 - d. SIMG Assessment Post Approval
 - e. Reconsideration, Review and Appeal
- 10.2. **Medical Board of Australia (www.medicalboard.gov.au):**
- a. Specialist medical college assessment of specialist international medical graduates
 - b. Supervised practice for international medical graduates

11. Information

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